

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014428

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

675

FILED MAR 18 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN

Clayton

c. CITY  
OR  
TOWN

Brentwood

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR  
INSTITUTION

St. Louis County Hospital

No ☐d. STREET  
ADDRESS

(If outside, give location)

8737 Keystone Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Levi

C.

Sparks

4. DATE  
OF  
DEATH

Month

Day

Year

Feb.

27

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/30/82

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10b. KIND OF BUSINESS OR INDUSTRY

Steel Broker

11. BIRTHPLACE (City and state or country)

Jeffersonville, Ind. USA.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Nathan Sparks

13b. MOTHER'S MAIDEN NAME

Janny Pyle

14. NAME OF HUSBAND OR WIFE

Mary J. Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No yes

WW I

16. SOCIAL SECURITY NO.

8

17. INFORMANT

Address

Mrs. F. C. Larson, 704 Catalpa Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown natural causes

INTERVAL BETWEEN  
ONSET AND DEATH

Unk

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 9:00 A.M. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

3/2/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

2/28/63

23c. NAME OF CEMETERY OR CREMATORY

Walnut Ridge Cemetery

23d. LOCATION (City, town, or county)

Jeffersonville, Indiana

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.

2-27-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.